

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08277

Reg. Dist. No. 292

1. PLACE OF DEATH: Ballant
 County.....
 City or town. Oxford, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Oxford, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 11th Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Etta Bailey

3. (b) Social Security Number
212-16-4906

4. Sex female 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced married
 (b) Name of husband or wife Melvin Bailey
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 10 1917
 8. AGE: Years 30 Months 2 Days 20 If less than one day..... hrs. min.

9. Birthplace Oxford, Md.
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business same as above

12. Name William E. Anderson

13. Birthplace Upper Hill Md

14. Maiden name Lulu Johnson

15. Birthplace Upper Hill Md

16. Informant Mr. Lulu Johnson

Address Oxford Md

17. Burial Date thereof OCT 3-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Fellows

Location Oxford, Md.

18. Funeral director James H. Stewart

Address Satubury

19. Oct 4 19 47 Joseph Cross
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 19 47 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 5 19 47 to Sept. 30 19 47

and that I last saw him alive on Sept. 30 19 47

Immediate cause of death Acute Endocarditis

DURATION

3 weeks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Hayward T. Webb, M.D.
 M. D. or other

Address Eastern, Md. Date signed 10/1/47

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OCT 3 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot Co.
City or town Easton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Talbot
City or town Junis Mills, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME
Mr William Banning

3. (b) Social Security Number _____

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Oct 6, 1869 6. (c) If alive, give age _____ years

8. AGE: Years 77 Months 10 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot County
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business _____

FATHER 12. Name Mr James A. Banning

13. Birthplace undiscovered

MOTHER 14. Maiden name Mary Tyler

15. Birthplace undiscovered

16. Informant Mr Charles Banning

Address Junis Mills, Md (Brother)

17. (Burial, cremation, or removal, Which?) Burial Date thereof 9/5/47
(month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton

18. Funeral director R. Ellis Clark Inc.

Address Easton, Md.

19. 9/4 19 47 N.A. Neerinc
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 19 47 at 5:31 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/19 19 47 to 9/3/47 19 47

and that I last saw him alive on 9/1/47 19 47

Immediate cause of death _____

Due to Cerebral Apoplexy

Due to arteriosclerosis, generalized

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. E. Cox MD

Address Easton Md Date signed 9/4/47

9-3-1947
16-6-1869

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77-18-27
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 08279 290

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? One week
Hospital, institution, or street address where death occurred:
104 Higgins St., Easton, Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 104 Higgins St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Mable D. Blackwell

3. (b) Social Security Number

none

4. Sex F. 5. Color or race Col'd 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife George Blackwell

7. Birth date of deceased (mo., day, yr.) July 17, 1907 6. (c) If alive, give age 49 years

8. AGE: Years 40 Months 2 Days 4 If less than one day
40 hrs. 4 min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Chas. Dorsey

13. Birthplace Baltimore City

14. Maiden name Mary Kellum

15. Birthplace Virginia

16. Informant Sadie D. Wing

Address 104 Higgins St., Easton, Md.

17. Burial Date thereof Sept. 24, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Richards Memorial Park

Location Easton, Maryland

18. Funeral director Leon W. Henry

Address 10 South St., Easton, Md.

19. 9/22 19 47 N.H. Neume
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 19 47 at 8:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-21- 19 47 to 9-21- 19 47
and that I last saw him alive on 9-21- 19 47

Immediate cause of death

Cornary Thrombosis 1 day
Due to Arteriosclerosis years
Due to Hypertension years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. M. C. Stevan M.D.
M. D. or other

Address Easton Md Date signed 9-22-47

MARGIN RESERVED FOR BINDING

9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08284

1. PLACE OF DEATH:

County Gallat
 City or town none rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Gallat
 City or town Mr. Trappe, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. outside
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Martha Brown

3. (b) Social Security Number

4. Sex female 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife John Brown
 7. Birth date of deceased (mo., day, yr.) Sept. 22 1882 6.(c) If alive, give age 64 years
 8. AGE: Years 65 Months - Days 5 If less than one day
 9. Birthplace Trappe, Md
 (Town, county, and state)
 10. Usual occupation Labae
 11. Industry or business none

12. Name Thomas Smith
 13. Birthplace unknown
 14. Maiden name Joseph Hopkins
 15. Birthplace Trappe, Md.

16. Informant Joseph H. Chas
 Address Trappe, Md
 17. Trappe Date thereof Sept 30, 47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Trappe, Md
 Location Trappe, Md

18. Funeral director Joseph H. Bannen
 Address Cambridge Md
 19. Sept 21 1947 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 19 47 at 11 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 19 47 to Sept. 27 19 47
 and that I last saw him alive on Sept. 27 19 47
 Immediate cause of death Cerebral Hemorrhage DURATION 1 day
hypertension
 Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb, M.D. M. D. or other
 Address Easton, Md. Date signed 9/29/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08281

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Kirkham Easton RD
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Kirkham Easton RD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Edgar Harrison Burns Jr.

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

8. (b) Name of husband or wife _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 9th., 1915

8. AGE: Years 32 Months 8 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Naugatuck, Conn.
(Town, county, and state)10. Usual occupation Broiler raiser11. Industry or business Poultry business12. Name Edgar H. Burns Sr.13. Birthplace St. Michaels, Md.14. Maiden name Mazie Beatrice Peck15. Birthplace Naugatuck, Conn.16. Informant Edgar H. Burns Sr.Address Easton RFD17. Burial Date thereof Sept 20, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Christ CemeteryLocation St. Michaels Ind.18. Funeral director Newnam & HarrisonAddress St. Michaels Ind.19. 9/19 47 N.H. Newnam
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17th 1947, at 4 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1st 1947, to Sept 17 1947.and that I last saw him alive on Sept 16th 1947.Immediate cause of death Carcinoma of colon with metastases

DURATION

9 mos.Due to Recurrence following operation performed May 1942

Due to _____

Other conditions _____

(Exclude pregnancy within 3 months of death)

Major findings of operations _____

Date of ap. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. L. Wilkinson, M.D.A. L. Wilkinson, M. D. or other
5713 Bel Air Rd. Date signed 9/18/47

Baltimore 6, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

290

1. PLACE OF DEATH:

County Talbot Co.
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 56 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 56 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot
 City or town St Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Minnie B. Caulk.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Marion B. Caulk
 7. Birth date of deceased (mo., day, yr.) April 20, 1877 6. (c) If alive, give age _____ years

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore Md.
 (Town, county, and state)

10. Usual occupation R. W.

11. Industry or business _____

FATHER 12. Name Mr. John Owens
 13. Birthplace Baltimore Md.

MOTHER 14. Maiden name Anna Carter
 15. Birthplace Baltimore Md.

16. Informant Mr. (daughter) Marion E. Hill
 Address Aurora St. Paster Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Sept 6 1947
 (month) (day) (year)

Cemetery or crematory Chinck Cemetery
 Location St Michaels. Md.

18. Funeral director Neenan & Harrison
 Address St Michaels, Md.

19. 9/5 19 47 N.H. Neenan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9. 4 19 47 at 7:00 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 47 to September 4 19 47
 and that I last saw him alive on September 4 19 47

Immediate cause of death Rt. popliteal embolism
with gangrene

Due to Congestive Heart Failure

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please endorse the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. H. Palmer, M.D. M. D. or other _____

Address Easton, Md. Date signed 9/5/47

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

492

TO THE HONORABLE THE ATTORNEY GENERAL
WASHINGTON, D. C.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County BaltimoreCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Jane Davidson

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Aug-16-18508. AGE: Years 97- Months 16 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Easton MD
(Town, county and state)10. Usual occupation Retired11. Industry or business Housework12. Name Perry M. Smith13. Birthplace Easton MD14. Maiden name Mary Wilson15. Birthplace Easton MD16. Informant Alexander DavidsonAddress Easton MD17. Burial, cremation, or removal (Which?) Burial Date thereof Sept 11 1947
(Month) (day) (year)Cemetery or crematory Richards CemeteryLocation Easton MD18. Funeral director John D. WilliamsAddress Easton MD19. 9/3 19 47 N.E. Peeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 194721. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 1947 to Sept 1 1947and that I last saw him alive on August 31 1947Immediate cause of death Arterio Sclerotic HeartDue to Chronic DURATION year

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Walter F. Bull M.D. or other _____Address Easton MD Date signed 9-2-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08284

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALBOT.
 City or town CARDOVA, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? ONE YEAR
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Cardova
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ROSETTA DOBSON

3. (b) Social Security Number

4. Sex Female 5. Color or race C 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1873 July 4, 1873 8. (c) If alive, give age _____ years

8. AGE: Years 74 Months 2 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Cardova Talbot Co. Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name JERRY BAILEY.13. Birthplace Unknown14. Maiden name Lizze Madden15. Birthplace Unknown16. Informant George DobsonAddress Cardova Md

17. Burial Date thereof 9/14/42
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Chapel CemeteryLocation Cardova Talbot Md.18. Funeral director Carl WilkoffAddress Easton Md

19. 9/14 47 N.H. Nevin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1947 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to Sept. 11 1947
 and that I last saw him alive on Sept. 9 1947

Immediate cause of death Chronic Myocardial DURATIONinfarct and myocardialdisturbanceDue to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. L. Love M.D.

M. D. or other

Address Arden Ave Md Date signed 9/12

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
County... Salbot Co.
City or town... Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 days
Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
How long in hospital or institution? 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Salbot
City or town... Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No... R.F.D. #1
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Oash Flamer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Clifford Flamer
7. Birth date of deceased (mo., day, yr.) Aug. 27, 1907 6. (c) If alive, give age 38 years
8. AGE: Years 40 Months 17 Days 17 If less than one day hrs. min.

9. Birthplace Salbot Co.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Robert R. Lewis

13. Birthplace Salbot Co.

MOTHER 14. Maiden name Sarah Elizabeth Blake

15. Birthplace Salbot Co.

16. Informant Clifford Flamer

Address Wiles River - R.F.D. 1, Md.

17. 9/14/47 Date thereof Bureau
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rock Hill

Location Easton, Md.

18. Funeral director John W. Henry

Address 370 South St. Easton

19. 9/14 47 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 - 19 47 at 11 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24 19 47 to Sept. 13 19 47 and that I last saw him 27 alive on Sept. 13, 1947 19 47

Immediate cause of death Peritonitis, acute DURATION 10 days

Due to perforated hollow viscera 11 days

Due to perforated hollow viscera 11 days

Other conditions Uremia 2 days

Pregnancy, full term
(Include pregnancy within 3 months of death)

Major findings of operations Retained placental tissue, chronic cervicitis Date of op. Aug 29, 1947

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... James F. Wright M. D. or other

Address 213 Down St. Easton, Md. Date signed Sept 13, 1947

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SEP 18 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County..... Talbot
City or town..... St. Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 15 yrs.
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Md. County..... Talbot
City or town..... St. Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Lydia F. Ford

3. (b) Social Security Number
none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife..... R. Lee Ford.

7. Birth date of deceased (mo., day, yr.) Dec 24, 1864

8. AGE: Years 82 Months 8 Days 28 If less than one day hrs. min.

9. Birthplace Bay Hundred, Talbot Co., Md.
(Town, county, and state)
Housewife

10. Usual occupation.....

11. Industry or business.....

12. Name Edward N. Lomax

13. Birthplace Bay Hundred, Talbot, Md.

14. Maiden name Francis Ann Hussey

15. Birthplace Baltimore, Md.

16. Informant Mrs. Harry Mervine

Address St. Michaels, Md.

17. Burial Date thereof Sept 22 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Near Sherwood, Maryland

Funeral director Newnam & Harrison

Address St. Michaels, Maryland

18. Date rec'd by registrar Sept 22 1947 Registrar Mrs. Robert L. Seib

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 September 1947, at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 1947 to 20 Sept 1947

and that I last saw her alive on 1947

Immediate cause of death Heart Failure DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....

Address St. Michaels Date signed 22 Sept 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

SEP 23 1947

BUREAU OF VITALS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

08287

290

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
 County..... Talbot County
 City or town..... Cheston, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 36 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution?..... 36 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For new-born infants give residence of mother)
 State..... md County..... Kent
 City or town..... Chesterton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Mrs. Anna Harper

3. (b) Social Security Number

4. Sex..... F 5. Color or race..... W. 6. (a) Single, married, widowed, or divorced..... married
 6. (b) Name of husband or wife..... George Harper
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Jan. 5 - 1856
 8. AGE: Years..... 91 Months..... 8 Days..... 15 If less than one day..... hrs. min.

9. Birthplace.....
 (Town, county, and state)
St. W.

10. Usual occupation.....

11. Industry or business.....

12. Name..... Wm. Jones13. Birthplace..... Clayton, Delaware14. Maiden name..... Mrs. Jane Forbes15. Birthplace..... Clayton, Delaware16. Informant..... Mr. Julius JonesAddress..... Chester, Md.17. Sept Chester Date thereof..... Sept 23 1947
 (Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory..... ChesterLocation..... Chester, Md.18. Funeral director..... Marion V. WilliamsAddress..... Chester, Maryland19. 9/21 19. 47 N.H. Neerues
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept 20 - 19. 47 at 8:20 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
16 Aug 47 19. 47 to 20 Sept 19. 47
 and that I last saw h. alive on 20 Sept 19. 47Immediate cause of death..... Acute right
side heart failureDURATION..... SuddenDue to..... Hypertensive E.V.Dissect

Due to.....

Other conditions..... Fract. SimpleRight humerus

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident ? Date of..... ?

Where did injury occur?..... ?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Fall Injured at work?23. SIGNATURE..... 56-T. Kinnaman MDAddress..... Easton, Md. Date signed..... 22 Sept 47

RECEIVED
SEP 29 1967
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Laura Jenkins

3. (b) Social Security Number

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Lloyd7. Birth date of deceased (mo., day, yr.) April 27 - 1870

8. AGE: Years 77 Months 4 Days 25 If less than one day
 hrs. min.

9. Birthplace Caroline Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name No Record13. Birthplace No Record14. Maiden name Eva M. Driver15. Birthplace Caroline Co. Md.16. Informant Solga CooperAddress Easton Rural Md.17. Burial Date thereof 9/26/47
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory HamondtownLocation Easton, Md.18. Funeral director R. B. RawlingsAddress Greensboro Md.19. 9/25-47 N. H. Neerus
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-born infants give residence of mother)
 State Maryland County Talbot
 City or town Easton Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 19 47 at 10:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 18 19 47 to Sept 22 19 47
 and that I last saw him alive on Sept 21 19 47

Immediate cause of death Myocardial failure DURATION 3 hrs

Due to Generalized arteriosclerosis - over 15 yr.

Due to _____

Other conditions Fractures & decubitus ulcers 6 days

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles V. Taylor M.D.Address Masonic Bldg - Easton, Md. Date signed 9/23/47

M. D. or other _____

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SEP 29 1947

BUREAU 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Eastern
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Gr.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Walter Frederick Jones

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Lilla Gertrude Jones

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1887 6. (c) If alive, give age years

8. AGE: Years 60 Months 6 Days 28 It less than one day hrs. min.

9. Birthplace Calvert Co. Md.
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Theodore Jones

13. Birthplace Md.

14. Maiden name Mary Kirby

15. Birthplace Md.

16. Informant Mrs. Hilda Parrott

Address Offord Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereat Sept. 17, 1947
 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director Edis Clark

Address Easton

19. 9/13 19 47 N.A. Neuman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 19 47 at 6 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 47 to Sept 14 19 47 and that I last saw him alive on Sept 7 19 47

Immediate cause of death

Carcinoma of Prostate
& metastasis to spine & pelvis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE M. Cox M. D. or other

Address Easton Md. Date signed 9/15/47

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SEP 18 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

08290

1947

1. PLACE OF DEATH:

County Talbot
City or town St Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Maude Keithley

3. (b) Social Security Number

None

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife.
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 3rd 1881
8. AGE: Years 66 Months 1 Days 27 If less than one day hrs. min.
9. Birthplace St. Michaels, Talbot Co. Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER 12. Name Charles S. Keithley
13. Birthplace St. Michaels, Talbot, Co.
MOTHER 14. Maiden name Sarah E. Pritchard
15. Birthplace Baltimore, Maryland.
16. Informant Mrs. Ralph J. Martin.
Address St. Michaels, Maryland.
Burial Date thereof Oct 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Olivet Cemetery
Location St. Michaels, Maryland.
16. Funeral director Newnam & Harrison
Address St. Michaels, Maryland.
19. 10/1 47 Mrs. R. J. Martin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30, 1947 19 3:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26, 1947 to Sept. 30, 1947
and that I last saw him/her alive on Sept. 27, 1947
Immediate cause of death Uremia (acute)
Arteriosclerotic Nephritis
Other conditions Hypertension
Rheumatoid Arthritis
(Include pregnancy within 3 months of death)
Major findings of operations None
Date of op. None
Antopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ✓ Injured at work?
23. SIGNATURE J. P. Hewes
St. Michaels Md M. Per other 10/1/47
Address Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

OCT 3 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 168

CERTIFICATE OF DEATH

08291

Reg. Dist. No. 290

1. PLACE OF DEATH: Jalbat
 City or town Easton (Hospital)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? a few hours
 Hospital, institution, or street address where death occurred:
Easton Memorial Hospital
 How long in hospital or institution? a few hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Queen Anne's
 City or town Wilmington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME George Arthur Dawson

3. (b) Social Security Number

4. Sex Male 5. Color or race col 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec. 13, 1914
 8. AGE: Years 32 Months 8 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business _____
 12. Name Arthur Dawson
 13. Birthplace Pa
 14. Maiden name Winnie Ford
 15. Birthplace N. Carolina

16. Informant E. H. Compton
 Address 905 Glasgow St. Portsmouth Va
 17. Ship (Funeral, cremation, or removal. Which?) Date thereof Sept 8, 47
 (month) (day) (year)
 Cemetery or crematory Compton Funeral Home
 Location Portsmouth Va 905 Glasgow St
 18. Funeral director John D Williams
 Address Easton, Md
 19. 9/8 19 47 M. H. Neuner
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept-7- 19 47, at 7:38 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____
 and that I last saw him _____ alive on _____ 19 _____
 Immediate cause of death From loss of blood & shock
 DURATION
 Due to He was cut in a fight & artery in leg was cut - he bled to death while enroute to hospital
 Due to He was cut in a fight & artery in leg was cut - he bled to death while enroute to hospital
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? Wilmington - 22 md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury Cut in a fight Injured at work?

23. SIGNATURE W. Harry Fisher, M.D.
County Medical Examiner M. D. or other _____
 Address Curtisville Md Date signed 9/7-47

"The woman that cut him is in jail on a homicide charge."
Dr. Fisher - 10/22/47

RECEIVED

SEP 15 1947

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08292

290

1. PLACE OF DEATH:

Country

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date received by registrar)

19.

47

N.H. Nerrie

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 2, 1947

19

Sept. 20, 1947

and that I last saw

er

alive on

Sept. 15, 1947

19

Immediate cause of death

Acute Uremia

Due to

Arteriosclerotic Nephritis

Hypertension

Other conditions

Generalized Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address St. Michaels, Md

Date signed 9.22.47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED

SEP 29 1947

BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08290

1. PLACE OF DEATH:

County... HarborCity or town... Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For persons born in this State give residence of mother)

State... Del County...City or town... Dover = RD
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Massey, Lydia

3. (b) Social Security Number

4. Sex

Female

5. Color or race

N

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 19038. AGE: Years 44 Months Days If less than one day
..... hrs. min.9. Birthplace Queen Anne County
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name William Ashley13. Birthplace Queen Anne County14. Maiden name Emma Elliott15. Birthplace Queen Anne County16. Informant Memorial Hospital recordsAddress Easton Md.17. Buried Date thereof 9/10/47
(Burial, cremation, or removal. Which?) (Month) (day) (year)Cemetery or crematory Pondtown Md.Location Pondtown Md.18. Funeral director Calvin BlackAddress 102 So Green St Dover Del.9/15/47 N.H. Neerue

19. 19. 47. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 19 47 at 7 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death Cerebral hemorrhage
right

DURATION

30 min

Due to

Due to

Other conditions Fibroid uterus
large
(Include pregnancy within 3 months of death)Major findings of operations 10 lb. fibroid removedDate of op. 9/4/47Autopsy results not obtained

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.T.B. Ambler M.D. M. D. or otherAddress Easton Md. Date signed 9/15/47

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RECEIVED
SEP 18 1947
BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

516

08294

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long above place of death? lifetime
 Hospital, institution, or street address where death occurred:
6 South St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6 South Street
 (If rural, give LOCATION)
 2.(a) If veteran, name War

3. (a) FULL NAME

Charles Edmund Morris

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

8. (b) Name of husband or wife Emma Roxie Morris7. Birth date of deceased (mo., day, yr.) March 30, 18606. (c) If alive, give age 70 years

8. AGE: Years 87 Months 5 Days 12 hrs. min.

8. Birthplace Easton, Talbot, Maryland
(Town, county, and state)10. Usual occupation newspaper editor

11. Industry or business

12. Name Jeremiah Morris13. Birthplace Easton, Maryland14. Maiden name Sarah Virginia Leonard15. Birthplace Easton, Maryland18. Informant Margaret U. MorrisAddress Easton, Maryland17. (Burial, cremation, or removal, Which?) Burial Date thereof Sept 13, 1947
(month) (day) (year)Cemetery or crematory SpringfieldLocation Easton, Md18. Funeral director W. E. Newnam & SonAddress Easton, Md19. 9/12/47 C. R. Reier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1947, at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947, to Sept 11 1947and that I last saw him alive on Sept 11 1947Immediate cause of death Carcinoma of Prostate DURATION 2 yrs.

Due to

Due to

Other conditions Metastases tobone, intestinal tract 6 mos
(Include pregnancy within 3 months of death)Major findings of operations nil

Date of op.

Autopsy results nil

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: nil

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. M. C. Stevens M. D.Address Easton Md Date signed 9-12-47

RECEIVED

SEP 18 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Gallat
 City or town Newcomb
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? ten years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Gallat
 City or town Newcomb
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

James A. Neuman

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Carmelia Neuman
 7. Birth date of deceased (mo., day, yr.) 1-10-1877 6. (c) If alive, give age years
 8. AGE: Years 70 Months 8 Days 6 If less than one day hrs. min.

9. Birthplace Royal Oak Gallat Co Md
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business system

12. Name William Neuman

13. Birthplace Royal Oak

14. Maiden name Mary Lawrence

15. Birthplace Royal Oak

16. Informant Mrs. Martin Cummings

Address Easton, Md.

17. Burial Date thereof 9-17-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olive

Location St. Michaels Md.

18. Funeral director J. Norman Marshall

Address St. Michaels Maryland

19. Sept 16 47 Mr. Robert L. Seck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 12:30 a.m.

20. DATE OF DEATH Sept 16, 1947 19..... at 3..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20, 1947 19..... to Sept 16, 1947 19.....
 and that I last saw him alive on Sept. 15, 1947 19.....

Immediate cause of death.....
Coronary Disease

Due to Arteriosclerosis & Hypertension

Due to.....

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. ✓

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE J. B. Brewster
 M. D. or other

Address St. Michaels, Md Date signed 9-16-47

RECEIVED
SEP 18 1947
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

REGISTERED 9-4-47
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... Talbot
City or town... Easton - Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 days
Hospital, institution, or street address where death occurred:
Memorial Hospital - Easton, Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Talbot
City or town... Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No... Rural
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Mr. Harry Reid

3. (b) Social Security Number

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Mr. Carter Reid
7. Birth date of deceased (mo., day, yr.) July 8, 1877 B. (c) If alive, give age 81 years
8. AGE: Years 70 Months 2 Days 1 If less than one day hrs. min.

9. Birthplace... Talbot Co.
(Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business

12. Name... Mr. Wm Reid
13. Birthplace... Dorchester County
14. Maiden name... Mr. quiet Ornduff
15. Birthplace... Dorchester County -
16. Informant... Mrs. Fletcher Cooper
Address... Easton Md

17. Sept. 13 Date thereof 9/13/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory... Spring Hill
Location... Easton Md

18. Funeral director... Wm E. Newman & Son
Address... Easton Md

19. 9/10 47 N. H. Newman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Sept 9 19... 47 at 4 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19... 47 to Sept 9 19... 47
and that I last saw him alive on Sept 9 19... 47

Immediate cause of death... Coronary Thrombosis DURATION 4 days

Due to...
Due to...

Other conditions... Dec. hls. Mullike yes
(Include pregnancy within 8 months of death)

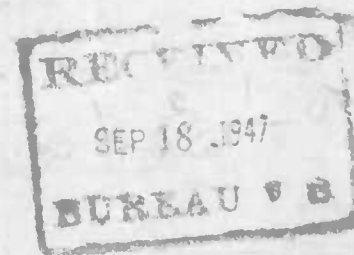
Major findings of operations... Date of op.

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE... Wm E. Newman M. D. or other
Address... Easton Md Date signed 9-10-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. **M**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 18297
290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 20 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Flood Lane
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emaline Catherine Ross

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FCol'dWidow6. (b) Name of husband or wife John Ross

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 18648. AGE: Yrs 83 Months 6 Days hrs. min.9. Birthplace Trappe Talbot Co, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Green Camper13. Birthplace Talbot County14. Maiden name Emaline Camper15. Birthplace Talbot County16. Informant Blanche RossAddress Flood Lane17. Burial Date thereof 9/8/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Trappe Md.Location Trappe, Maryland18. Funeral director Leon H. HenryAddress 310 South St. Easton Md.19. 9/6 19 47 M.H. Neerues
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4, 1947 at 11:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1946 to Sept 4, 1947and that I last saw him alive on Sept 3, 1947Immediate cause of death Cor. Sch. Heart Disease DURATION 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (whers?)

Means of injury Injured at work?

23. SIGNATURE W. F. Bullard M. D. or otherAddress Easton Md. Date signed 9-8-47

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SEP 10 1947

BUREAU 58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... Talbot

City or town... Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 18 days 5 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Caroline

City or town... Preston P.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Sharp Mary

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Artie Sharp (husb)

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 5, 1895

8. AGE: Years Months Days If less than one day

52 3 10 hrs. min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

George Chines

12. Name

North Carolina

13. Birthplace

Becca Chines

14. Maiden name

North Carolina

15. Birthplace

Artie Sharp

16. Informant

Bethlehem Md

17. Burial, cremation, or removal (Which?)

Date thereof 9/20/47

(month) (day) (year)

Cemetery or crematory

Mt. Pleasant

Location

near Preston Md

18. Funeral director

J. J. Praxton Son.

Address

Federalville Md.

19. 9/25 47 N.H. Neeress

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25-1947 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 6 1947 to 9-24 1947

and that last saw him alive on 9/24/1947

Immediate cause of death

Chronic Interstitial Nephritis

DURATION

1 yr?

Due to

Due to

Other conditions

Tertiary Syphilis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. C. M.D.

Address

Preston Md

Date signed 9/1

RECEIVED

OCT 6 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

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CERTIFICATE OF DEATH

Reg. Dist. No. 997

1. PLACE OF DEATH:

County TalbotCity or town Oxford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Oxford
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Stansberry Lee Willey

3. (b) Social Security Number

None4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Maggie L. Willey7. Birth date of deceased (mo., day, yr.) Dec. 25, 1870 8. (c) If alive, give age 72 years8. AGE: Years 72 Months 9 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Dorchester Co. Md
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name George T. Willey13. Birthplace Dorchester Co. Md14. Maiden name Laura15. Birthplace Dorchester Co. Md18. Informant Mr. Lee WilleyAddress Oxford, Md17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Sept 29 1947
(month) (day) (year)Cemetery or crematory OxfordLocation Oxford Maryland18. Funeral director Maurice E. Newman & SonAddress Easton Md.19. Sept 27 1947 Registrar Joseph A. Ross
(Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26, 1947, at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 1944 to Sept 26 1947and that I last saw him alive on Sept 24 1947Immediate cause of death Cardiac decompensationDue to Chronic myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 9 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Joseph A. Ross M. D. or other _____Address Chaple Hill Date signed 9/26/47

STANDARD INTERNATIONAL TIME COAST

STANDARD INTERNATIONAL TIME COAST

RECEIVED
SEP 29 1947
BCHTAT • 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: County <u>Talliet</u> City or town <u>Easton R.F.D.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Life</u> Hospital, institution, or street address where death occurred: <u>no</u> How long in hospital or institution? <u>no</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>md</u> County <u>Talliet</u> City or town <u>Easton md R.F.D.</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>no</u> (If rural, give LOCATION) 2. (a) If veteran, name war <u>no</u>	
3. (a) FULL NAME <u>Ella Williams</u>		3. (b) Social Security Number <u>no</u>	
4. Sex <u>female</u> 5. Color or race <u>a.g.</u> 6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>John William</u> 6. (c) If alive, give age <u>no</u> years			
7. Birth date of deceased (mo., day, yr.) <u>about 1885</u>			
8. AGE: Years <u>61</u> Months <u>about</u> Days <u>-</u> If less than one day <u>-</u> hrs. <u>-</u> min.			
9. Birthplace <u>Cardover near Easton md</u> (Town, county, and state)			
10. Usual occupation <u>House keeping</u>			
11. Industry or business <u>Same as above</u>			
12. Name <u>Rufus Walker</u>			
13. Birthplace <u>Cardover md</u>			
14. Maiden name <u>Eva Harris</u>			
15. Birthplace <u>Cardover md</u>			
16. Informant <u>Perry Walley</u> Address <u>Easton md</u>			
17. Burial <u>Sept 6 - 1947</u> (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory <u>Old Chapel</u> Location <u>near Easton</u>			
18. Funeral director <u>James H. Stewart</u> Address <u>Salisbury road</u>			
19. 9/4 47 M.D. Review (Date rec'd by registrar) Registrar			
MEDICAL CERTIFICATION			
20. DATE OF DEATH <u>Sept. 1 1947</u> at <u>10:30 P.M.</u>			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec. 5 1946</u> to <u>Sept. 1 1947</u> and that I last saw him alive on <u>Sept. 1 1947</u>			
Immediate cause of death <u>Cerebral hemorrhage</u> DURATION <u>4 days</u>			
Due to <u>Hypertension</u> 2-3 years			
Due to			
Other conditions			
(Include pregnancy within 8 months of death)			
Major findings of operations			
Autopsy results			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:			
Accident, suicide, or homicide			
Where did injury occur? (City or town) (County) (State)			
Injured at home, farm, industry, public place (where?)			
Means of injury Injured at work?			
23. SIGNATURE <u>Hayward T. Nelt M.D.</u> M. D. or other			
Address <u>Easton, Md.</u> Date signed <u>9/3/47</u>			

